

METROPOLITAN DADE COUNTY
EMPLOYEE PERFORMANCE EVALUATION
(INSTRUCTIONS ON BACK OF SECOND PAGE)

Name (LAST) (FIRST) (INITIAL)			Period Covered From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr Mo Da Yr</small>	
Classification	Status	If Prob. Date Ends	Social Security Number	
Department	Division		Unit	

REASON FOR REVIEW

☐ Merit Raise ☐ Status Change ☐ Annual Review ☐ Other ☐ Due Back to Personnel Section by _____

Raters: It is understood that the importance of each category will vary with job classification and department. Explain your rating in terms of performance in each category. Mark the appropriate box. Use additional sheets if necessary.

1. QUANTITY OF WORK. Includes amount of work performed.

RATING: ☐ Unsatisfactory ☐ Needs Improvement ☐ Satisfactory ☐ Above Satisfactory ☐ Outstanding
Explain Why:

2. QUALITY OF WORK: Includes accuracy, achievement of objectives; effectiveness, initiative and resourcefulness and, neatness of work product.

RATING: ☐ Unsatisfactory ☐ Needs Improvement ☐ Satisfactory ☐ Above Satisfactory ☐ Outstanding
Explain Why:

3. WORK HABITS: Includes attendance, observation of work hours, completion of work on schedule, compliance with rules, policies, and directives, safety practice and use of tools and equipment.

RATING: ☐ Unsatisfactory ☐ Needs Improvement ☐ Satisfactory ☐ Above Satisfactory ☐ Outstanding
Explain Why:

4. INTERPERSONAL SKILLS: Includes participation and teamwork; contribution to unit morale; working cooperatively with the public, peers, and subordinates; and accepting advice and counseling from superiors.

RATING: ☐ Unsatisfactory ☐ Needs Improvement ☐ Satisfactory ☐ Above Satisfactory ☐ Outstanding
Explain Why:

RATER'S OVERALL EVALUATION — Only one rating factor to be checked.

- ☐ **Unsatisfactory:** Performance is inadequate and must be corrected.
- ☐ **Needs Improvement:** Performance does not fully meet job requirements as indicated below.
- ☐ **Satisfactory:** Employee is performing as required and expected in a satisfactory manner.
- ☐ **Above Satisfactory:** Performance surpasses job requirements.
- ☐ **Outstanding:** Consistently conspicuous, distinguished performance. Employee displays initiative and creativity. Employee has substantially enhanced departmental efficiency and/or effectiveness.

If an employee is eligible for a merit increase, check following: ☐ Granted ☐ Deferred, reevaluate in _____ months

If an employee is eligible for permanent status, check following: ☐ Granted ☐ Denied ☐ Extended _____ months with the Employee's written permission. (Attached) (Probationary period may not be extended beyond one year.)

WAYS THE EMPLOYEE CAN OR MUST IMPROVE PERFORMANCE: (If overall rating is Needs Improvement or Unsatisfactory, a written plan of action for improvement must be included in this section. Optional if Satisfactory or better).

This report is based on my observations, knowledge of employee's performance and review of applicable information. It represents my best judgment of the employee's performance.

RATER'S SIGNATURE _____ DATE _____

Print Name _____ TITLE _____

I have reviewed this report and discussed it with the rater. It represents an accurate appraisal of the employee's performance in accordance with Administrative Order. I concur in the recommendation, if any, as to merit raise and/or permanent status.

REVIEWER'S SIGNATURE _____ DATE _____

Print Name: _____ TITLE _____

I acknowledge that I received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor. In signing the evaluation, I do not necessarily agree with the conclusions. I understand that I may write my comments below or on another sheet of paper.

A permanent employee who has received an overall evaluation of "Unsatisfactory" or "Needs Improvement," must first request a review of the Performance Evaluation by the Department Director within ten (10) calendar days. If the decision of the Director is not acceptable to the employee, the employee may continue the appeal within ten (10) calendar days after receipt of the Director's decision by making a request in writing to the Personnel Division Director, of the Employee Relations Department.

I have read and understand the above appeal process.

EMPLOYEE COMMENTS:

EMPLOYEE'S SIGNATURE _____ **DATE:** _____

108.01-6A 2/92

DISTRIBUTION: White copy to employee — Green copy to Personnel — Yellow copy to departmental personnel office — Blue copy to reviewer.